

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	Bm		06-06-01
FORMALITY REVIEW	Zm	927	08/02/01
RESPONSE FORMALITY REVIEW	SLC	809	10-31-01
	KL	1050	3-1-02

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10/17/02
2	✓	✓	10/17/02
3	✓	✓	10/17/02
4	✓	✓	10/17/02
5	✓	✓	10/17/02
6	✓	✓	10/17/02
7	✓	✓	10/17/02
8	✓	✓	10/17/02
9	✓	✓	10/17/02
10	✓	✓	10/17/02
11	✓	✓	10/17/02
12	✓	✓	10/17/02
13	✓	✓	10/17/02
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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5729  
 08/02/01  
 25-5  
 20/11/02  
 23/11/02